



# UTAH STATE MEDICAID DUR COMMITTEE

## THE AMBER SHEET



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**Dr. Lowry Bushnell** DUR Board  
**Chairman**

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**INFLUENZA VACCINE SHORTAGE LOOMS** - When the influenza vaccine becomes available for this coming season, be sure to triage your patients and consider the sickest of the sick top priority for the existing supply. Amantadine and rimantadine are covered without restriction for prophylaxis and treatment of influenza A virus. Relenza® and Tamiflu® are on prior approval.

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Effective September 15, 2000, pharmacy providers may dispense a three month supply of birth control pills. Effective September 15, 2000, pharmacy providers may dispense a one hundred days supply pediatric vitamins.

Effective September 15, 2000, pharmacy providers may dispense a one hundred days supply of prenatal vitamins. The client must be pregnant on the date of dispensing. Prenatal vitamins are a covered benefit for pregnant women only (Section 2, 2-4 Formulary, page 11, Utah Medicaid Pharmacy Manual). If the provider dispenses a one hundred days supply in October 2000 and the client delivers in November, it is an appropriate dispensing. If the provider dispenses after the baby has been born, it is not appropriate and the funds will be recovered.

Coverage for prenatal vitamins expires at the time of birth or miscarriage of the baby. Children's vitamins are covered from the moment the baby has been born. It is the pharmacist's responsibility to verify verbally with the client that they are pregnant on the date of dispensing.

The Program Integrity Unit is conducting a review of prenatal vitamins dispensed from June 1, 1999 to present. If it is determined that the client was not pregnant on the date of dispensing, the prescription is not a covered benefit. Providers will be notified of any inconsistencies in billing and will be given the opportunity to review and submit documentation as available. \*\*\*\*\*

### SEVERITY LEVEL CHANGED ON ADVERSE DRUG REACTION PROGRAM!!

The Medicaid online prospective drug utilization review program is supported by First DataBank's (FDB) PRODUR modules. FDB has modified their severity levels to the following:

Severity Level	Severity Level Text
1	Contraindicated Drug Combination: This drug combination is clearly contraindicated in all cases and should not be dispensed or administered to the same patient
2	Severe Interaction: Action is required to reduce the risk of severe adverse interaction.
3	Moderate Interaction: Assess risk to patient and take action as needed.
9	Undetermined Severity - Alternative Therapy Interaction: Assess the risk to the patient and take action as needed.

Currently Medicaid only sends out warnings to pharmacies when a severity level of "1" is noted. Remember that the Medicaid PRODUR program scans the entire drug history of each patient regardless of how many pharmacies that client goes to each month.

Both pharmacists and physicians are to be commended for supporting the PRODUR program. On average, over 2000 prescriptions were reversed each month for the last twelve months. Approximately 40,000 warnings were sent each month on approximately 200,000 prescriptions per month. The 2,000/40,000 ratio is about par for national levels. You providers are clearly practicing Adverse Drug Event Avoidance. For each PRODUR claim reversal, the pharmacist should have contacted and obtained a directive from the prescriber excepting the 'early refill' warning.

The PRODUR Program currently has thirteen modules in place including: Below Minimum Geriatric Dose Range, Above Max Ger. Dose Range, Below Adult Min Dose Range, Above Adult Max Range, Drug-drug Interactions, Dup Therapy-same Drug, Therapeutic Dup, Drug-disease Indicated Conflict, Drug Disease Conflict, Early Refill, below Min Pediatric Dose Range, above Max Ped Dose Range, Additive Toxicity Side Effect.

In view of FDB's new severity level layout, the Medicaid Drug Program Managers are currently considering sending the 2nd severity level warning to pharmacies. We don't want to just increase the "noise" for pharmacies and cause another interruption to a practitioner's busy day. Do you physicians and pharmacists think that Medicaid should add the second severity level warning to the PRODUR Program? Please send your response to Duane Parke at:

FAX 538-6099 or e-mail at [dparke@doh.state.ut.us](mailto:dparke@doh.state.ut.us) ... or at the DUR Board web sight under current issues at: <http://hlunix.ex.state.ut.us/medicaid/dur/>

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THYROID ISSUES? Hypothyroidism linked to hyperlipidemia, depression and lowered IQ - Fairly recent studies reinforced the importance of TSH testing. A study conducted by James Haddow, MD, links hypothyroidism in pregnancy to lower IQ scores in children. On average, the IQ scores of children whose mothers were untreated for thyroid deficiencies during pregnancy were 85 or below, 7 points lower than average. Typically scores of 85 and below signal that a child may have difficulty in school. The study also showed a decrease in motor skills, attention, language, and reading abilities in children whose mothers were untreated for hypothyroidism. Fortunately, with TSH testing during the first trimester of pregnancy, hypothyroidism can be identified and treated.

The Colorado Thyroid Disease Prevalence Study demonstrated a relationship between cholesterol and hypothyroidism. The study found a higher percentage of hypothyroid patients had elevated total cholesterol and LDL cholesterol when compared to euthyroid patients, with the total mean cholesterol increasing as TSH levels increased. According to the Archives of Internal Medicine, "normalizing subclinical hypothyroidism may have a role in the treatment of hyperlipidemia." 14% of patients with elevated cholesterol have hypothyroidism.\* Series,JJ, et al. Clin Chim Acta. 1988;172:217-222.

New research also reinforces a relationship between hypothyroidism and depression. The American Thyroid Association recommends a TSH screen test for all patients with unexplained depression. This screening will detect hypothyroidism, which can be linked to depression and will help identify those patients who would benefit from thyroid hormone replacement. Hypothyroidism rates in patients diagnosed with depression is approximately 8%-17%\* \*\* Howland RH. J Clin Psychiatry. 1993;47-54 and Taillis F. Br J. Clin. Psych. 1993;32:261-270.

5% of normal adult population are hypothyroid.

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## CLOZAPINE

For your information, the Division has placed a Utah MAC (maximum allowed charge) on clozapine. Name brand Clozaril® will be reimbursed at the MAC rate unless the prescriber hand writes on the prescription "dispense as written". The pharmacist will then have to enter the MAC override.

The Federal MAC, usually called federal upper limit (FUL) is only initiated when there are three or more generic products on the market. There are only two clozapine generics available at this time, hence the Utah MAC. The Utah State Hospital in Provo has used the Zenith brand generic clozapine since March, 2000. All patients leaving the hospital on clozapine have been stabilized on the generic. The FDA has rated the generic versions of Clozaril as AB, meaning no difference. There are no published studies disputing this rating.